L070001/2840

(Requestor's Name)	
(Address)	800136088178
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	್ಷಾ ಮೆ 10/02/0801015003 **2
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies 'Certificates of Status	ZOOR OCT - SECRETAL TALLAHAS:

Special Instructions to Filing Officer:

A. LUNT

OCT - 3 2008

EXAMINER

Office Use Only

**25.00

September 30, 2008

TALLANGSEE. FLORIDA

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Amended Articles of Organization of a Florida LLC

To Whom It May Concern:

My name is Lisa Jo Coleman and I am the owner/operator and registered agent of a business which goes by the name of Old Pass Spice Traders, LLC. The original Articles were filed on 11/07/07 and assigned Florida document number L07000112860.

I wish to change the name of my business from Old Pass Spice Traders, LLC, to The Spice and Tea Exchange of John's Pass, LLC.

I have enclosed a check for \$25.00, along with the completed Articles of Amendment to Articles of Organization forms printed from the SunBiz website. All other aspects of my business, including the address, are remaining the same as the original.

Please process this amendment at your earliest convenience and forward a letter of acknowledgement to my address below. Thank you for your time and consideration in this matter.

Sincerely,

Lisa Jo Coleman

(727) 455-3773

Business Address: 110 – 129th Avenue East

Madeira Beach, FL 33708

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Pass	Spice Traders, LLC	D		+
(Name of Limited Liability Company)				
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	,	
Please return all correspond	dence concerning this matter to	the following:		
	Lisa Jo Coleman			
		(Name of Person)		
	Old Pass Spice Traders, L	LC		
(Firm/Company)				
	110 - 129th Avenue East			
(Address)				
			2008 OCT SECRET	F127
Madeira Beach, FL 33708				11
	•	(City/State and Zip Code)	HASA T	1
n		3.	SER 2	TEM
To further information concerning and matter, prease can:				U
Lisa Jo Coleman		at (727) 455-3773	IZ: 3	
(Name of Person) (Area Code & Daytime Telephone Number)		elephone Number		
Enclosed is a check for the	following amount:			
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	osed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Old Pass Spice Traders, LLC			
(Name of the Limited (A	Liability Compai Florida Limited L	ny as it now appears on ou lability Company)	r records.)
The Articles of Organization for this Limited Li Florida document number L07000112860	ability Company	were filed on November	7, 2007 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The Spice and Tea Exchange of John's Pass, I	LC.		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if application	able:	same address	至日
(Principal office address MUST BE A STREE	T ADDRESS)		SSR 2
Enter new mailing address, if applicable:			FLORIDE STATE
(Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or the new registered of			cords, enter the name of the new
		/	
Name of New Registered Agent:	same		
New Registered Office Address:	same		
		/ (Enter Fl	orida street address)
			_, Florida
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Mana MGRM = Mai	naging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
/			Add Remove
D. If amendin	g any other information, enter ch	nange(s) here: (Attach additional she	ets, if necessity!)
			· · · · · · · · · · · · · · · · · · ·
			
Dated Septem	ber 30 , 20	i Do Colema	? M /
_		mber or authorized representative of a m	ember
	Т	Lisa Jo Coleman yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00